

REPORTING FORMAT - ANNEX 3

TITLE OF PROJECT _____

LOCATION OF PROJECT _____

PROJECT IMPLEMENTATION PERIOD _____

IMPLEMENTING ORGANIZATION _____

REPORTING PERIOD _____

TYPE OF REPORT (select one): Ongoing ☐ Final ☐

Category	Male	Female	Total	# of Total who are persons with disabilities/DPOs
Number of people served				
Number of people trained				
Number of organizations strengthened				

Specific Planned Activities	Progress/Achievements

Difficulties/Challenges/Comments:

Plans for next reporting period: (If this is a final report, please provide overall summary of the project including a final analysis and lessons learned):

Budget Summary:

Line Item	Total Grant Amount	Total Spent this Q	Total Remaining	% Remaining
#1				
#2				

Name and Title of person writing this report _____

Signature and date: _____